CLAIMS ONLY

Application Number	Filing Date
10/671989	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*				*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2	—	—					52			\			
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7	1						57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		—					62		—				
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31							81		1				
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	2						Total Indep						
Total Depend	8						Total Depend						
Total Claims	10						Total Claims						